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**\*BIBDATASHEET\***

CONFIRMATION NO. 7251

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/815,315	<b>FILING OR 371(c) DATE</b> 04/01/2004 <b>RULE</b>	<b>CLASS</b> 219	<b>GROUP ART UNIT</b> 3742	<b>ATTORNEY DOCKET NO.</b> ST8803US.CIP
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**\*\* CONTINUING DATA \*\*\*\*\*** *ok*  
 This application is a CIP of 10/167,910 06/12/2002 PAT 6,734,405

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *none*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 06/16/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>ne</i>	Initials		

**ADDRESS**  
22203

**TITLE**  
ELECTROMAGNETICALLY RESPONSIVE HEATING APPARATUS FOR VAPORIZER

<b>FILING FEE RECEIVED</b> 878	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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